

**STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING**

APPLICATION FOR LICENSURE

**CONTRACTOR
SUPPLEMENTAL CLASSIFICATION**

DOPL-AP-098 REV 03/25/02

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and may result in a denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address. Also, please note, the address of record is public information, available upon request and via the Internet. You may choose to use a business address or post office box for your address of record instead of your home address.

Social Security Number: A social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for DOPL's licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). If a social security number is not provided when required, the application will be incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

1. **Original Test Score Letter(s):** Submit the letters received from Experiior with the applicant's qualifying individual's passing score(s) for the Utah Contractor Law Examination and any required trade examination(s). (Keep copies for your records.)

If the qualifier has passed the trade exam in Alabama, Arizona, Arkansas, California, Florida, Georgia, Louisiana, Michigan, Mississippi, Nevada, New Mexico, North Carolina, South Carolina, Tennessee, Virginia, or West Virginia, request that the state include the examination information on the "Request For Verification of License" form attached to this application. (See "Electrical and Plumbing Qualifiers" information under "Additional Important Information.")

2. **Affidavit of Qualifying Experience:** Submit a form (attached to this application) signed by each employer documenting that the applicant's qualifying individual meets the qualifying experience requirement. (A complete list of contractor classifications can be found in Experior's "Candidate Information Bulletin" attached to this application.)

If a contractor has gone out of business, won't sign an affidavit, etc., an applicant's qualifier may submit W-2's and tax returns for the years covering the experience and the following: For supervisory experience, provide at least two letters from building officials. For non-supervisory experience, provide at least two letters from building officials and/or suppliers. Letters must be on the building official's or the supplier's letterhead, be dated and signed, and state how long the building official or supplier has known the individual to be an employee of the licensed contractor and what his/her specific responsibilities are/were during that period of time.

3. **Licensing Fees:** Licensing fees are for processing the application and are **not refundable**. Submit:

- ☐ \$200.00 for an E100 General Engineering Contractor license
- ☐ \$200.00 for a B100 General Building Contractor license
- ☐ \$200.00 for an R100 Residential & Small Commercial Building Contractor license
- ☐ \$200.00 for a license in a specialty classification (first classification only)
- ☐ \$100.00 for each additional specialty classification after the first initial classification

ADDITIONAL IMPORTANT INFORMATION:

1. **Utah Contractor Business-Law Exam:** All qualifiers must pass the Utah Contractor Law Examination. Contact Experior at the address and telephone number below to register for the law examination.

Experior, 5486 South 1900 West, Suite C, Taylorsville, UT 84118, (801) 355-5009

You may also purchase a reference manual from Experior, which has been prepared to assist candidates taking the law exam. In addition, the following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

- ☐ Division of Occupational & Professional Licensing Act
 - ☐ General Rules of the Division of Occupational & Professional Licensing
 - ☐ Utah Construction Trades Licensing Act
 - ☐ Utah Construction Trades Licensing Act Rules
2. **Specific Trade Examination(s):** Applicants must apply directly to Experior, at the address and telephone number above, to register for examinations. There is a separate fee for each examination, which is the responsibility of the applicant to the testing agency.
 3. **Electrical and Plumbing Qualifiers:** A qualifier for S200 General Electrical Contractor must be a Utah licensed Master Electrician. A qualifier for S201 Residential Electrical

Contractor must be a Utah licensed Master or Residential Master Electrician. A qualifier for S210 General Plumbing Contractor must be a Utah licensed Journeyman Plumber. A qualifier for S217 Residential Plumbing Contractor must be a Utah licensed Journeyman or Residential Journeyman Plumber. A qualifier for I103 Electrical Trades Instructor must be a Utah licensed Journeyman, Residential Journeyman, Master, or Residential Master electrician. A qualifier for I104 Plumbing Trades Instructor must be a Utah licensed Journeyman or Residential Journeyman Plumber. **There are separate applications for licensure as an electrician or plumber.**

4. **Payments:** Make Contractor License Fees Payable to “DOPL.”

5. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 4th floor
Salt Lake City, Utah 84111

6. **Telephone Numbers:** (801) 530-6628

(866) 275-3675 – Toll-free in Utah

(Ask for contractor licensing.)

7. **Fax Number:** (801) 530-6511

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APPLICATION FOR LICENSE

The business legal name is the name that will appear on the license and is the actual name under which the contracting business will be conducted. If the applicant for licensure is a business entity, this is normally the name registered with the Utah Division of Corporations. If there is a fictitious business name (doing business as), list that name also, e.g., XYZ Corporation dba XYZ Construction. If you are going to operate under your own personal given name, this will also be your business name.

APPLICATION FOR: CONTRACTOR SUPPLEMENTAL CLASSIFICATION
(Check all that apply.)

_____ General Engineering Contractor (E-100)

_____ General Building Contractor (B-100)

_____ Residential and Small Commercial Contractor (R-100)

_____ Specialty (list title and number) _____

_____ Trades Instructor (list title and number) _____

BUSINESS LEGAL NAME: _____

LICENSE NUMBER: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

County: _____

Telephone: _____

APPLICANT'S QUALIFYING INDIVIDUAL:

Supply the information below for each qualifier. Use additional sheets if necessary.

Name: _____

Social Security Number: _____ Birth Date: _____

Current Employer Name: _____

Employer Street Address: _____

City: _____ State: _____ Zip: _____

Employer Telephone: _____

CONTACT PERSON FOR LICENSING PURPOSES:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

LICENSES:

List all licenses issued by any state which the applicant's qualifying individual(s) now hold or have ever held in a construction related occupation or profession. Use additional sheets if necessary.

Issuing State: _____

Profession: _____

License No.: _____

License Status: _____

Effective Date: _____

CONTRACTOR QUALIFYING QUESTIONNAIRE

GENERAL

Answer “yes” or “no” to each question. Do not leave any question blank.

Has the applicant, any officer, director, partner, proprietor, shareholder (unless publicly traded), member, owner, qualifying managing employee, or manager associated with or employed by the applicant:

1. _____ ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ ever held or currently holds a contractor license in the state of Utah or in any other state?
3. _____ ever bid construction work or advertised or represented themselves in Utah as a contractor without holding a contractor license?
4. _____ ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
5. _____ ever been permitted to resign or surrender their contractor license while under investigation or while action was pending against them by any licensing agency or criminal or administrative jurisdiction?
6. _____ have any disciplinary action pending against them now by any licensing agency?
7. _____ ever been arrested for, or charged with, a misdemeanor or felony in any jurisdiction during the last 10 years? Minor traffic offenses such as parking or speeding violations need not be listed but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.
8. _____ ever has been incarcerated for any reason in any federal, state, or county correctional facility?

If you answer "yes" to either question 7 or 8, include with your application a copy of the police arrest report, court docket, and any probation/parole officer report for EACH and EVERY arrest and/or conviction within the past ten years.

If you answered "yes" to any question above, please enclose with this application complete information with respect to all circumstances and the final result, if such has been reached. A “yes” answer does not necessarily mean the applicant will not be granted a license. However, DOPL may request additional documentation if the information submitted is insufficient.

AFFIDAVIT and RELEASE AUTHORIZATION

I am authorized to sign this Affidavit and Release Authorization on behalf of the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

The applicant is qualified in all respects for the license, certificate, or registration for which it is applying in this application.

To the best of applicant's knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact. To the best of applicant's knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

Applicant will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meets the same standard as set forth above.

Applicant understands that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

Applicant understands that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

Applicant authorizes all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature: _____

Date of Signature: _____

Printed Name: _____

AFFIDAVIT OF QUALIFYING EXPERIENCE

PART I - TO BE COMPLETED BY THE APPLICANT'S QUALIFYING INDIVIDUAL:

Use a separate form for each employer. Make copies of this form as necessary.

Qualifier's Name: _____

Qualifier's Social Security Number: _____

Experience Related to Classification (number and name): _____

- To qualify for the following classifications, the applicant's qualifier must have had within the past 10 years a minimum of four years full-time related experience as an employee of a licensed or exempt contractor, two years of which shall be in a supervisory or managerial position under the direct supervision of a licensed or exempt E100, B100, or R100 contractor. The supervisory experience shall be in the classification for which application is being made:

E100 General Engineering Contractor

B100 General Building Contractor

R100 Residential and Small Commercial Building

- To qualify for the following classifications, the applicant's qualifier must have had within the past 10 years a minimum of four years full-time related experience as an employee of a licensed or exempt contractor:

S280 General Roofing

S320 Steel Erection

S360 Refrigeration

S290 General Masonry

S350 Heating, Ventilating and Air Conditioning

S370 Fire Suppression

- To qualify for all other contractor classifications, the applicant's qualifier shall have had within the past 10 years a minimum of two years full-time related experience as an employee of a licensed or exempt contractor.

PART II - TO BE COMPLETED BY THE APPLICANT'S QUALIFIER'S EMPLOYER:

I declare under penalty of perjury as follows:

I am the qualifier or authorized signer of a licensed contractor that is engaged in construction activities in the classification specified above, or I am lawfully exempted from licensure, or I am not required to be licensed in the state or jurisdiction in which I perform contracting activities but nevertheless certify that I am a qualified contractor in the classification specified above.

I certify that the applicant's qualifier named herein has obtained qualifying experience as defined herein while employed during the periods of time specified below and the work was satisfactorily performed. (Additional explanation of the work performed may be submitted on separate pages.)

I understand that "Qualifying Experience" means full-time related work performed in lawful employment as an employee of a contractor lawfully engaged in construction activities in the classification for which the applicant has applied and for which the applicant received W-2 wages.

I understand that the experience of persons working for a contractor as an independent contractor paid on a 1099 form is not acceptable.

Name of Applicant's Qualifier: _____

Date Employment Began: ____/____/____ *Full-time, related employment adds up*

Date Employment Ended: ____/____/____ *to _____ years and _____ months*

Total Hours Worked: _____

Total Hours of Supervisory Experience: _____

Position(s) Held: _____

Description of Experience: _____

Name of Contractor/Employer: _____

Contractor's Telephone Number: _____

License Number and State Where Issued: _____

Printed Name of Authorized Signer: _____

Signature of Authorized Signer: _____

Date of Signature: _____

REQUEST FOR VERIFICATION OF LICENSE

TO BE COMPLETED BY APPLICANT'S QUALIFYING INDIVIDUAL:

If you have passed the trade exam in Alabama, Arizona, Arkansas, California, Florida, Georgia, Louisiana, Michigan, Mississippi, Nevada, New Mexico, North Carolina, South Carolina, Tennessee, Virginia, or West Virginia, complete the first section of this form, submit it to the applicable state, and request that the state include the examination information on this form and return it to you for submission with your application.

Qualifier's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I am requesting licensure in the state of Utah as a: _____

I am/have been licensed in your state under the name: _____

My social security number is: _____

My date of birth is: _____

My license number in your state is/was: _____

Signature of Applicant's Qualifier: _____

TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, place the completed form in an envelope, seal the envelope, and provide it to the applicant in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (as it appears in verifying state's records): _____

Name of Qualifying Person: _____

Classification of License Issued: _____

Original Date of Licensure: _____

License Number: _____

Current Status: _____

Original Date of Licensure: _____

Expiration Date: _____

Continuously Licensed:

_____ Yes

_____ No, please elaborate _____

Licensed By:

_____ Exam, Type: _____ Date: _____

_____ Endorsement, From What State _____

Examination Scores: _____

Education Required for Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

_____ No

_____ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____

Title: _____

Agency: _____

Date: _____

(SEAL)